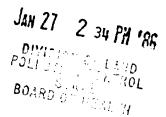


World Headquarters 4300 Commerce Court Lisle, IL 60532 Telephone (312) 983-3500

January 24, 1986



Division of Land Pollution Control Indiana State Board of Health 1330 West Michigan Street P.O. Box 1964 Indianapolis, IN 46206

## Gentlemen:

Attached you will find a completed Form E for the Bendix Corporation facility, located at 980 Hurricane Road in Franklin, Indiana. Please be advised that manufacturing operations ceased at this facility in December, 1983.

Any questions in reference to the attached should be addressed to my attention.

Sincerely,

AMPHENOL PRODUCTS

for tien

B. N. Fleischer

Director, Environmental Affairs

Attch. BNF:dg

EPA Region 5 Records Ctr.

287288

sion of Land Pollution Control DIANA STATE DOARD OF KEALTH 1330 West Michigan Street P. O. Box 1954 Indianapolis, Indiana 46206

INDO44587848
BENDIX CORPORATION
DELAWARE AVE
SIDNEY, NY

13838

G. 3D



## FORM E:

Installation Identification Form

ENVIRONMENTAL MANAGEMENT BOARD  INSTRUCTIONS: Please refer to the specific instructions before completing this form. The information requested herein is required by IC 13-7-8.5-2.	
FORM G: GENERATOR BIENNIAL REPORT	FORM F: FACILITY BIENNIAL REPORT
DID NOT GENERATE/TSD HAZARDOUS	SMALL QUANTITY GENERATOR OF HAZARDOUS WASTE GENERATE LESS THAN   GENERATE BETWEEN   100 Kg PER MONTH   100 & 1000 Kg     PER MONTH
II. INSTALLATION'S EPA I.D. NUMBER	I   N   D   O   4   4   5   8   7   8   4   8
III. NAME OF INSTALLATION   B   E   N   D   I	X CORPIFIANKLIN FACILITY
IV. INSTALLATION MAILING ADDRESS	
Street or P. O. Box 9 8 0 H U R R I I	A N E    R O A D
City or Town F  R  A  N  K  L   I   N	
State IIN	Zip Code   4  6  1  3  1
V. LOCATION OF INSTALLATION	
Street or P. O. Box   9 8 0    H  U  R  R  I	CIAINIE IRIOIAIDI I I I I I I I I I I I I I
City or Town F R A N K L I N	
State I N Zip Code 4 6 1 3	3 1  County   J 0 H N S 0 N
VI. INSTALLATION CONTACT	
Last Name Firs	t Name Phone (area code & no.)
FILIEIIISICIHEIRI I I BIUIRI	T 0 N
VII. CERTIFICATION	
my direction or supervision in accordance personnel properly gather and evaluate the the person or persons who manage the syst gathering the information, the information and belief, true, accurate, and complete.	document and all attachments were prepared under with a system designed to assure that qualified be information submitted. Based on my inquiry of tem, or those persons directly responsible for an submitted is, to be the best of my knowledge. I am aware that there are significant penalties and the possibility of fine and imprisonment for
B. N. Fleischer, Dir Environ. Affair	s Antlein 1/24/16
(A.) PRINT OR TYPE NAME AND TITLE	(B.) SIGNATURE (C.) DATE SIGNED
Please print or type with ELITE type (12	characters per inch). PAGE 1 OF

SBII66-M) State Form 19288R